



STATE OF DELAWARE
EXECUTIVE DEPARTMENT
CRIMINAL JUSTICE
COUNCIL

STATE OFFICE BUILDING – 10th FLOOR
820 FRENCH STREET
WILMINGTON, DELAWARE 19801

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MEMORANDUM

TO: VICTIM ADVOCACY PROGRAMS AND OTHER ELIGIBLE PARTIES
FROM: MAUREEN MONAGLE
SUBJECT: REQUEST FOR PROPOSALS
DATE: APRIL 1, 2008

The Criminal Justice Council is seeking proposals for programs to provide clinical and therapeutic services to victims and survivors of violent crimes in the City of Wilmington and/or New Castle County.

Amount available is \$45,000 (with possible eligibility for second year funding).

At a minimum, services need to include:

- **2 group sessions per month**
- **1 individual session per client per month**

Funding made available under the U.S. Department of Justice, Office for Victims of Crime, Victims of Crime Act (VOCA)-Victim Assistance Grant Program.

Match: Awards made under this grant program may support up to 80% of the total cost of each project. **There is a 20% cash or in-kind match requirement** (*Required match on an award of \$45,000 is \$11,250*).

Eligibility Requirements:

This program is funded through the U.S. Department of Justice, Office for Victims of Crime, VOCA Assistance Formula Grant. To be eligible, an organization must provide direct services to crime victims or clients with issues directly related to being a victim of a crime. The organization must be operated by a public agency or nonprofit organization, or a combination thereof. Organizations that have divisions, sections or components which offer services to crime victims or clients that have been victims of crime but provide other services or functions, are eligible. For example, criminal justice agencies, religiously-affiliated organizations, hospitals and emergency medical facilities that perform a wide variety of functions but are capable of providing

direct services to crime victims, are eligible. Federal agencies and in-patient treatment facilities that offer services to crime victims are not eligible to apply. Crime victims who are incarcerated are not eligible for services through a VOCA funded program.

Proposals will be reviewed on the following criteria:

- Applicants must provide evidence of expertise and/or experience in providing direct services to victims.
- Demonstrated ability to establish a client base (referral procedures) and document client base
- Provide direct services to victims (at a minimum, 2 group sessions and at least 1 individual session/client)
- Proposed budget is reasonable and costs are related to the activities of program
- Program cannot impose income eligibility standards on individuals requesting/receiving services from proposed program
- Assist victims in seeking available crime victim compensation benefits
- Ability to promote, within the community served, coordinated public and private efforts to aid crime victims
- Collaboration with criminal justice or other non-profit organizations is encouraged, though not required.
- Program must utilize at least one volunteer to accomplish program objectives
- Proposal complies with Federal, State, and CJC reporting requirements and grant administration guidelines

Please use the attached CJC Concept Form. You may also visit the CJC's website at <http://cjc.delaware.gov/default.shtml> to view or download the solicitation.

All concepts must be submitted to:

Maureen Monagle
Criminal Justice Council
830 N. French St., 10th Floor
Wilmington, DE 19801

Please contact Maureen Monagle if you would to request an electronic copy of the concept paper.
Email requests to: Maureen.Monagle@state.de.us

Deadline for submission is May 9, 2008

Request for Proposals:

Agency Profile:

Agency Name:	
Address:	
Contact Person:	
Telephone Number:	
Fax Number:	
Email Address:	
Geographic Area to be served:	
Purpose Area:	
Underserved/Marginal Population Served:	
Function of Services (domestic violence, sexual assault, child abuse, etc):	

Problem Description: Describe the problem, in your community, you propose to address through this project.

- Focus on the specific problem,
- Discuss how the problem is related to one or more of the goals of funding (see attached purpose areas),
- Provide supporting data and results of any relevant assessments,
- Identify any underserved populations in your community, and
- Discuss how this project will impact the underserved populations.

Program Goals and Objectives, Measurements and Assessment: The purpose of this section is to describe the broad goals for your project, present clear objectives designed to achieve those goals, and outline a plan to evaluate or assess in achieving your proposed outcomes.

Memorandum of Understanding (Not Required): If proposal includes collaboration, please include as an attachment, a current Memorandum of Understanding (MOU) created and signed by those agencies identified as collaborators for this project.

Budget: Each applicant must include a budget summary, detailed budget, and budget narrative for the project. The budget must be complete, reasonable, and cost-effective to the proposed project. The budget should provide the basis for the computation of all project-related costs. It should cover the cost of all components of the project and clearly identify costs attributable to the project evaluation. There must be a clear link between the proposed activities and the proposed items.

Budget Detail Worksheet:

Budget Summary

	Federal Amount	Match (in-kind)	Total
Personnel			
Fringes			
Contractual			
Travel			
Supplies			
Operating			
Equipment			
Other			
Total			

Personnel: List each position by title and name, if possible. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position

Computation

Cost

Total Personnel: _____

Narrative *Provide justification for the personnel position(s).*

Fringe Benefits: Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in the budget and only for the percentage of time devoted to the project. Fringe benefits on overtime are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name/Position

Computation

Cost

Total Fringe: _____

Contractual: Provide a description of the product or services to be procured by contract and estimate of cost (Note: contractual rates cannot exceed \$450 per day).

Name of Consultant

Service Provided

Computation

Cost

****In this category list all of the expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.).**

Item

Location

Computation

Cost

Total Contractual: _____

Narrative: *Provide justification for the use of consultants.*

Travel: Itemize travel expenses of project personnel by purpose. Show the basis of computation. In training project, travel and meals for trainees should be listed separately. Show the number of trainees and unit costs involved. Identify the location of travel, if known.

<u>Purpose of Travel</u>	<u>Location</u>	<u>Item</u>	<u>Computation</u>	<u>Cost</u>
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Total Travel: _____

Narrative: *Provide justification for the travel expenditures:*

Supplies: List items by type (office supplies, training materials, paper, expendable items) and show the basis for computation.

<u>Supply Item</u>	<u>Computation</u>	<u>Cost</u>
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Total Supplies: _____

Narrative: *Provide justification for such supplies.*

Operating: List items that contribute to the operation of this project (rent, postage, printing/copying, telephone, pager, cell phone, etc.).

<u>Description</u>	<u>Computation</u>	<u>Cost</u>
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Total Operating: _____

Narrative: *Explain how the operating expenses are necessary for the success of the project.*

Equipment: List non-expendable items that are to be purchased. Expendable items should be included in the Supplies category.

Item

Computation

Cost

Total Equipment: _____

Narrative: *Explain how the equipment is necessary for the success of the project.*

Other: A Specific itemization of each type of expense with basis of computation.

Item

Computation

Cost

Total Other: _____

Narrative: *Explain how the items in this category are necessary for the success of this project.*